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**FACSIMILE TRANSMISSION COVER SHEET**

**Date:** October 21, 2004

**To:** United States Patent and Trademark Office  
Examiner: Ron Everett Pompey; Art Unit: 2812

**Fax:** (703) 872-9306

**Re:** **Application Serial No.: 09/826,472**  
Filing Date: 4/4/2001; First Named Inventor: Bin Yu  
Attorney Docket No.: 0180197

**From:** Farjami & Farjami LLP

**Number of pages including the cover sheet:** 14

**Message:**

Enclosed please find the Response to the Final Office Action dated September 22, 2004.

Thank you.

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Attorney Docket No.: 0180197

**AMENDMENT COVER SHEET**IN RE APPLICATION OF: Yu, BinSERIAL NO.: 09/826.472 FILED: 04/04/2001FOR: Method of Fabricating a Semiconductor Device Having a Nitride/High-k/Nitride Gate Dielectric Stack by Atomic Layer Deposition (ALD) and a Device Thereby Formed

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 P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.

☐ The fee has been calculated as shown below:

☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	430.00	215.00	\$
THIRD MONTH AFTER TIME PERIOD SET	980.00	490.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,530.00	765.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:


	Column 1 Number of Claims after Amendment	Column 2 Number Previously Paid for	Column 3 Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	18	MINUS **20	* = 0	x 18	x 9	\$
INDEPENDENT	2	MINUS ***3	* = 0	x 88	x 44	\$
First presentation of multiple dependent claim				+ 300	+ 150	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- \* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.  
 \*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.  
 \*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 0180197

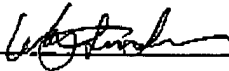
- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 10/21/04By:   
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

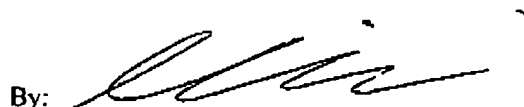
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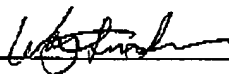
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